MEETING MINUTES

Project Name: IPRS	**Doc. Version No:** 1.0	**Status:** Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Eric Johnson, DMH
Scribe:	Chris Ganey
Date:	03/26/2008
Time:	10:30 – 11:30 AM
Location:	Wycliff – Conference Room 430

IPRS Core Team Attendees:

	Gary Imes
	Thelma Hayter
x	Eric Johnson
	Travis Nobles
	Cheryl McQueen
	Joyce Sims
x	Jamie Herubin
	Mike Frost
x	Myran Harris

Others:

x	Cathy Bennett
x	Sandy Flores
x	Paul Carr
x	Theresa Diana
	Chris Ferrell
x	Rick Kretschmer
	Deborah LeBlanc
	Tim Sullivan
x	Chris Ganey
x	Jay Dixon

Attendees:

x	Alamance-Caswell
x	Albemarle
x	Catawba
x	Centerpoint
x	Crossroads
x	Cumberland
x	Durham
x	Eastpointe
x	ECBH
x	Five – County MHA
	Foothills
x	Guilford
x	Johnston
x	Mecklenburg
x	Onslow-Carteret
x	OPC
x	Pathways
x	Sandhills
x	SE Center
x	SE Regional
	Smoky Mountain
x	The Beacon Center
x	Wake
x	Western Highlands

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Attendees:	
Item No. Topics	1. Roll call 2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.** 3. Upcoming Check-writes (cut-off dates) – April 3, 10, 17 4. Agenda items • Beta Test (NPI) Requirements Review ▪ 100 records/LME/submission; Format test; full cycle run, 835 ▪ **Update schedule termination: TBD** • IPRS Questions or Concerns • MMIS Updates- Theresa Diana 5. DMH and/or EDS concluding remarks a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. i. Physician phone analyst (i.e. Independent Mental Health Providers)-1 ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 6. Roll Call Updates

Next Meeting: April,2, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	**Topics**
1.	**Checkwrites** (Eric Johnson)- There was a checkwrite on March 20th. No questions? The next checkwrite cutoff dates are April 3, 10 and 17.
2.	**Agenda Items** (Eric) – No new agenda items.
3.	**Beta Test (NPI)** (Eric Johnson)- There are only 8 weeks left before NPI implementation, 5/23/08. We want to get that into the forefront of your awareness and your priorities and hopefully you're communicating with your vendors. We are still moving forward with our implementation date. (Eric) – Are there any NPI related questions? (Centerpoint) – In the service location loop, is it ok for the entity type to be a person? A direct enrolled provider is set up as an individual. I'm sending the service location in as a type 1. (Eric)- Here's a general question for you. How are you sending in claims for that individual at this point, or for that provider? Are you sending it in as an agency or are you sending it in as an individual? (Centerpoint) – As an individual. (Eric) – As an individual…and it's not denying? (Centerpoint) – Last week for the first time we sent it in with the NPI number and put a type 2 in the service location. It didn't pay but we don't know exactly the reason why it didn't pay. But the NPI is set up as an individual. I'm wondering if that may be why it rejected. (Eric) – Prior to sending in the claim with the NPI, when you sent it in, did you send it in as an individual or did you send it in as an agency? (Centerpoint) – If my billing manager is on, she would have to speak to that. I don't know personally the answer to that. I'll have to check in to it. (Eric) – Essentially, we are just putting another label on the providers when we send in the NPI data. The policy hasn't changed so how you are sending it in prior to NPI should really be the way you are sending it in after NPI. And that's the reason why I asked the question about how you are sending it in.

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	(Centerpoint) – We'll have to check in to that. (Paul) – And just to add a little bit more to that, this is Paul. It is important that if you have individuals that are direct enrolled providers enrolled as attendings, and you have an agency number that's also enrolled as an attending to cover that provider. You would need to make sure that your NPI gets applied to both the individual and to the agency on the database. (Centerpoint) – Sorry, I didn't hear all that, would you repeat it? (Paul) – In pre-NPI world if they have a direct enrolled provider number that gets submitted as the attending and you also have an agency set up on the database to submit as the SFL then you would just need to make sure that you get the NPI that's associated to that individual on the database in addition to assigning it to the agency that's on the database. (Centerpoint) – Right, I understand that. (Paul) – So then if you send in that NPI, the mapping solution will go after the agency. (Centerpoint) – This one particular individual, I believe, is set up as an individual provider. (Paul) – If they are a direct enrolled provider, it would have to be. But that would be what was submitted as the attending provider but you would also need an agency set up for the SFL. (Centerpoint) – Ok, I would have to check in to that, in that area. (Paul) – Ok, and if you still have questions after that, feel free to send an email to Q and A. (Eric) – Are there other questions in regards to NPI? We'll move forward.
4.	**IPRS Related Questions** (Eric Johnson)- IPRS questions and concerns? (Patricia/Pathways) – Yes, I have a couple of questions. We're going to be starting single stream funding in April. What we need to know is on the denied section, if there's a denial, is there an EOB code showing that it's the single stream funding? (Anonymous) – It should come up as an 8505 denial. (Eric) – We are currently working on a solution…yes it is going to come up as an 8505…but we're currently working on a solution to change that, and we're hoping that's going to be implemented pretty soon.

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	(Patricia/Pathways) – But you don't have a date yet? (Eric) – Not yet, we're hoping possibly early to mid April, but for now it's going to come out as an 8505. (Patricia/Pathways) – Ok, well I have another question. We did a refund, on some IPRS dollars, that was last year's money and they sent it back saying that we weren't supposed to send a check. We were told that's the way we did refunds for previous fiscal years. Is that correct or what should we do? (Eric) – When you say "they" told us, are you saying the budget office told you that? (Patricia/Pathways) – Yes, they returned the check. But we have been sending checks for the past couple of years when it's prior fiscal year. (Eric) – Patricia, was that a payment for a claim that actually came through IPRS for the current year or for the previous year? (Patricia/Pathways) – For the previous year, yes IPRS had paid it and it was an error so it should have been refunded…and we were sending the money back. (Eric) – In essence what really should have been done and I'm pretty sure the reason why they sent you the check back was because they would rather you have sent in an electronic adjustment that would provide a better paper trail of where those claims were going to be paid from or for, that was going to represented by your check. (Patricia/Pathways) – Can we do a void for a previous year? (Eric) – Yes. (Patricia/Pathways) – And it works in the system? (Eric) – Yes. (Patricia/Pathways) – Ok we'll try it then and we'll see what happens. (Eric) – Which fiscal year? Are we still talking about FY06-07? (Patricia/Pathways) – Well, it could be two and three years ago. Because sometimes we find errors down the road. (Jay Dixon/ DHHS Controller's Office) – Eric, let me answer her question. The IPRS system doesn't have a fiscal year end-date, as I understand it, so therefore, that data is there. The timely filing issue, has been the only thing as far as declining to pay an IPRS claim, if it's outside the timely filing. But if it's a timely filing, does that apply to a recoupment? (Eric) – No, Jay, it doesn't. Timely filing is primarily for claim payment. (Jay Dixon) – So, if you had submitted a unit in IPRS and it was paid in IPRS, and you later found that it was not, then IPRS does not close out a fiscal year like NCAS does. So it looks like to me, as I understood it, that whenever we've been doing this, that if you found that you had an error, that you would go back and

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correct that error in IPRS and IPRS would go back and pick up the exact amount that it had paid you and would make that refund and would subtract it from your next payment that you got through IPRS. The only problem that we encountered was when you had some of the LMEs that were merged with another and they would no longer have any active billing to IPRS. That's when we had to modify the system so an LME could send a check back in to refund the otherwise unrecoverable money through IPRS. But that was only after EDS would notify them of the refund amount that they had to send back. And all of that refund money was required to be refunded as a result of Retro-Medicaid processing.

(Eric) – Jay, you're correct with what you're saying in regards to IPRS and the adjustments and that is why we are suggesting to Patricia that the proper solution would be for her to send the electronic adjustment so that IPRS can go through and take care of the proper amounts in the proper areas.

(Patricia/Pathways) – Well, what we had previously done. We had done it by paper asking you to recoup it by paper and it never was processed, that's why we started sending checks. But we have not tried the electronic part of it yet.

(Eric) – We're going to still stick by what we said earlier and suggest that you send it in electronically. And if you have any issues or questions give us a call or call the provider services about this in particular and how you should go about doing it.

(Patricia/Pathways) – Well that's what we'll do.

(Eric) – Ok, other questions?

(Tom/Western Highlands) – Eric, can we expect other type and specialty CPT rate adjustments in conjunction with the DMA retro-active rate changes for the physician?

(Eric) – Is this in regards to question that you sent on email the other day?

(Tom) – Right.

(Eric) – Ok, I don't have an answer for that right now, Tom. I don't believe that Theresa Diana from EDS has an answer for that either.

(Tom) – The other piece is that the DMA physician's fee schedule shows a reduction in the 90862, but I didn't see the reduction rate change in the IPPR2417 report. Was that intentional or am I missing something there?

(Eric) – No, we may have to investigate that on our side and I did see that email that you sent in, I just was not able to respond to it today. I wasn't in the office yesterday.

(Tom) – Thanks Eric.

(Eric) – I'll respond to it.

(Tom) – Alright. The other question I have is…it was announced recently a new

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requirement for providers to use NC Care Link to advertise their businesses and that this requirement would be included in the state's fiscal year 2009 LME provider contract. Is that the provider's contract template that LMEs use with our provider network and can we expect a change to that or a revision to that template before the fiscal year begins?

(Eric) – Tom, I don't know the answer to that. I'll have some one from the liaison group take a look at that question for you if you wouldn't mind sending it in to Q and A.

(Tom) – Sure, thanks Eric.

(Eric) – Other IPRS questions?

(Faye/Mecklenburg) – I think last week someone raised a question about some of the claims going over to Medicaid from IPRS. We've experienced the same thing. So has anybody taken a look at that to see why that's happening and if so will those claims be routed back to IPRS without providers having to re-bill those services.

(Eric) – I think I remember that question coming from maybe Smoky, and I believe in email I asked them to send in examples. I don't believe I got any ICNs back from Smoky in regards to that. Faye, can you send in some examples, some ICNs, just a couple, to IPRS.

(Faye/Mecklenburg) – Ok, I'll do that. Thanks.

(Eric) – Questions?

MMIS Update

(Eric Johnson)- Any Medicaid related questions?

(Terry/Eastpointe) – I just wanted to ask a question if we were still able to send UB-92s in through April?

(Theresa) – The cutoff for the UB is the 25th of April.

(Terry/Eastpointe) – Ok, thank you. I also have another question. Because I'm being questioned for some documentation, there were some edits that were listed on some service codes so they did not have to be billed to third party. And I'm wondering if there is any documentation anywhere in regards to case management not having to be billed to a third party before billing to Medicaid?

(Theresa) – Off the top of my head, I'm not coming up with anything, but do you

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	mind sending that in to Q and A and I'll look in to it. (Terry/Eastpoint) – Sure. (Theresa) – Thank you. (Pam/Sandhills) – We recently have had some providers who have been requesting retro authorizations through ValueOptions because the client got retro Medicaid. The authorization requests by ValueOptions are being denied and also we've got some other providers who are recently beginning to tell us that their services are being denied that they have retro Medicaid. Is anyone else having this problem? (Kelly/Durham) – We've had providers start to complain to us that we're taking back the money and of course it's because IPRS is taking the money back from us yet they are unable to bill to Medicaid. It's becoming a larger issue. (Pam/Sandhills) – It's growing with us, we're hearing more and more about it. Especially on the authorizations being denied by ValueOptions because they do not authorize retro Medicaid. (Tom/ Western Highlands) – I'd like to add to that. There was a statement made to us by providers that VO is requiring a letter from the consumer. Apparently DSS is issuing a letter to the consumers stating their retro Medicaid approval and VO is asking for this letter to support their retro Medicaid authorization request. When I looked on the VO website or the Medicaid billing guide, it does not mention anything about requiring a memo or letter from the consumer to prove retro Medicaid. (Theresa) – There definitely would need to be some kind of documentation sent to VO in the case of a retro eligibility situation and asking for basically retro prior approval. The providers experiencing those problems are you sending in the letter that is given to you by the recipient, or what kind of documentation is being sent in with those VO requests? (Tom/Western Highlands) – What has worked in the past is sending in the Medicaid card that shows the effective date of the retro Medicaid. Providers are telling us that is no longer acceptable and that VO is requiring this letter in addition to the Medicaid card. The provider is having a problem getting the letter from the consumer. (Theresa) – There should be a letter, at least, given to the consumer. As far as given to the provider, I believe from DMA Provider Services or even Claims Analysis might be able to provide that letter. But let me look in to that and I'll let you know next week. (Kelly/Durham) – Can this be brought up as some type of policy issue because this is getting bigger and bigger. Providers are losing thousands of dollars and it is more and more brick walls that they have to face and there seems to be that there could be some sort of communication like VO could say 30 days from when the retro Medicaid was put in place. There has to be some sort of time frame

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	that's allowable. I know they can't expect to honor an authorization for retro Medicaid two months down the road and the provider sat on it. But there has to be some sort of time frame and this is a big policy issue and it's going to really start to hurt providers if it hasn't already. (Tom/Western Highlands) – I agree with Kelly. We are getting more and more complaints about this from our provider network and it seems like there isn't a policy or procedure out there that supports what VO is requiring providers to apply and get accepted for the retro authorization. (Terry/Eastpointe) – We've also had issues with providers not wanting to pay us back until they know that they are getting paid from Medicaid, which is becoming a big issue. (Theresa) – I'm going to take this issue to DMA and get some answers, ok? (Kelly/Durham) – Has there been any more discussion about the additional codes that need to bypass Medicaid and be routed to IPRS? (Eric) –Theresa can give you any updates that she may have. (Kelly/Durham) – Alright, so what ya'll think? (Theresa) – Well, I do have a couple of things not related to what you just asked, but I checked the fee schedule yesterday to see if there were any changes as far as our discussion from last week. I did not see the physician fee schedule changes as of yesterday afternoon. Basic Med workshops: Winston-Salem – full Raleigh – very close to full Schedule is available on the DMA website to sign up. (Eric) – In regards to your issue, Kelly, no, we don't have an answer for that. (Kelly/Durham) – I mean is it on anyone's list? This is thousands of dollars that we are losing that the county is paying for because neither Medicaid or the State will pay it. Thousands. I've been asking about it for over a year. (Eric) – We will look into it again with the Division. (Kelly/Durham) – Ok, so I'll talk to you about it next year? (Anonymous) – What was your question again, if you don't mind repeating it. (Kelly/Durham) – There are certain Medicaid codes that… the services are not covered by Medicaid or IPRS, an example is MAD-Q and FPW – family planning waiver. So the client may have Medicaid but if they have that type of Medicaid, Medicaid won't pay for any services and IPRS won't pay for any services. And

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	the MAD-Q in particular is what we are losing thousands on. (Eric) – Ok, are there any other questions? (Jeanna/Catawba) – The DMA website on the fee schedule issue, the physician fee schedule is out there updated with the 1/1/08. But there is not a revised schedule for any of the behavioral health outpatient therapists. (Eric) – Thank you. Are there any Medicaid related questions? If there are no more we will conclude the call. Alright, we will see you all next week.

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